

ARIZONA DEPARTMENT OF PUBLIC SAFETY
Private Investigator/Security Guard Licensing Unit
P.O. Box 6328, Phoenix, AZ 85005
2102 W. Encanto Blvd., Phoenix 602-223-2361



Card Replacement Request

CHECK ALL THAT APPLY: G Replacement G Name Change

Please complete all applicable parts of this form. For Lost, Stolen, or Change of Name, a **\$10.00** fee is required in the form of a cashier=s or certified check, or money order payable to *DPS*.

PERSONAL CHECKS ARE NOT ACCEPTED.

Date: _____

Name: _____
Last First Middle

Date of Birth: _____
Month Day Year

Social Security Number: _____ - _____ - _____

License #: _____

_____ This it to notify the Arizona Department of Public Safety in writing that my license has been lost or stolen, and a replacement license is requested.

_____ This is to notify the Arizona Department of Public Safety of a change of name by marriage or other legal means. **A copy of my marriage license or official document from the court to legally change my name is enclosed.**

Residence Address: _____
Street Name & Number Apt/Lot #

City/Town Zip Code

Mailing Address: _____
Street Name & Number Apt/Lot #

City/Town Zip Code

Home Phone: () _____

Business Phone: () _____

Please mail the completed form and materials to the P.O. Box or bring to the Licensing unit.

Signature